

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SEP 19 AM 8: 44

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

| DoverldahoRealEstate.com | |
|--|---|
| The true name(s) and <u>business</u> address(| |
| business under the assumed business na <u>Name</u> | ame: Complete Address |
| SandpointRealEstateInc.com | 227 Lakeshore Avenue, Dover, Idaho 83825 |
| (C190699) | |
| The general type of business transacted | under the assumed business name is: |
| | on and Public Utilities |
| ☐ Wholesale Trade ☐ Construction | n |
| Services Agriculture | |
| ☐ Manufacturing ☐ Mining | Submit Certificate of Assumed Business |
| Finance, Insurance, and Real Esta | |
| The name and address to which future | |
| correspondence should be addressed: | Secretary of State 450 North 4th Street |
| DoverldahoRealEstate.com | PO Box 83720 |
| P. O. Box 505 | Boise ID 83720-0080 |
| Dover, Idaho 83825-0505 | 208 334-2301 |
| Name and address for this acknowledgm copy is (if other than # 4 above): | ent |
| | |
| $\overline{\mathcal{O}}_{a}$ \cdot $\overline{\mathcal{I}}_{a}$ | Secretary of State use only |
| ature: Denise Travis | - |
| ed Name: Denise Travis | - |
| acity/Title: President | - |
| ature: | - IDAHO SECRETARY OF ST |
| ted Name: | 09/19/2011 05 CK: 2017 CT: 262531 BH: |

1 # 25.00 = 25.08 ASSUM NAME # 2